

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3092 -62-023488
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas city</i>		c. CITY OR TOWN <i>Kansas city</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>General Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>105 E 5th</i>	
3. NAME OF DECEASED (Type or print) First <i>FAY</i> Middle <i>WM</i> Last <i>TRUITT</i>		4. DATE OF DEATH Month <i>6</i> Day <i>5</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> <i>unk</i>	8. DATE OF BIRTH <i>1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>doctor</i>		11. BIRTHPLACE (City and state or country) <i>unk</i>	
13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>		17. INFORMANT <i>Jackson County</i> Address <i>6 Courthouse Office Kc Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>4</i> Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)		22b. ADDRESS <i>152 Union Station</i>	
22c. DATE SIGNED <i>6-6-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-11-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>mt Calvary</i>	23d. LOCATION (City, town, or county) <i>Kansas city Kans.</i>
24. FUNERAL DIRECTOR <i>Assantino Bros Kc Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-11-62</i>	26. REGISTRAR'S SIGNATURE <i>Ruth H Long</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

RL Passantino

Licensed Embalmer No. 4554

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.